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SUBJECT: NETHERLANDS: HIGH-THC CANNABIS REMAINS "SOFT" DRUG

¶1. Summary. Health Minister Hans Hoogervorst informed Parliament that the government will continue to treat Dutch-grown cannabis with high THC content as a "soft" drug. Research by the National Institute for Health and Environment (RIVM) showed that, although high-THC cannabis use induced elevated heart rates, lower blood pressure and sleepiness, the symptoms were not sufficiently serious to require regulation comparable to that for "hard" drugs. The RIVM study investigated acute physical effects; it did not make any conclusions about possible long-term effects of high-THC cannabis use. Shortly after the release of the THC report, Justice Minister Donner agreed to Belgian requests to meet with the Mayor of Maastricht to discuss that city's controversial proposal to relocate coffeeshops away from the city center, and closer to the Belgian border. End Summary

"Nederwiet" Study

¶2. The study into possible risks of Dutch-grown cannabis with high THC content (called "Nederwiet") was announced by Health Minister Hoogervorst in his "Cannabis Discouragement Plan" of April 2004. He noted at the time that if research showed that use of high-THC cannabis led to serious health risks, the Cabinet would reassess its legal regulation and possibly ban it from Dutch marijuana shops.

¶3. The State Institute for Health and Environment's (RIVM) Toxological Information Center investigated the effects of high-THC cannabis on 24 male volunteers aged 28-45 who, in a laboratory setting, were given "joints" with THC concentrations of 0 percent (placebo), 9.75 percent, 16.38 percent and 23.12 percent. [Note: RIVM stated that the placebo cannabis was obtained from the U.S. National Institute on Drug Abuse (NIDA). End Note.] The applied THC concentrations reflect the range of THC levels currently sold in Dutch coffeeshops. According to RIVM's report, the average THC content of cannabis available in the Netherlands dropped to 17.5 percent in early 2006, from 17.7 percent in ¶2005.

¶4. The study, published May 22, concluded that smoking of high-THC cannabis is associated with a dose-related increase of physical effects, such as increased heartbeat and decreased blood pressure, as well as psychomotor effects, such as slow reaction, decreased concentration and increased drowsiness. These effects were detectable up to eight hours

after the smoking of a "joint." The study focused on the immediate effects of high-THC cannabis use, and did not venture into the effects of long-term acute or chronic exposure, but did note that blood samples showed that traces of THC were present for longer periods of time in patients who smoked high-THC cannabis. The researchers called for further investigation into the effects of simultaneous exposure to cannabis and alcohol, reportedly the most common form of cannabis usage.

Reaction by Minister Hoogervorst

¶ 15. In his letter to Parliament reporting the conclusions of the RIVM study, Health Minister Hoogervorst stated that although there clearly were some physical effects from high-THC cannabis use, they were not sufficiently serious to require regulation of it as a "hard" drug. His letter also referred to the 2005 National Drug Monitor, recently published by the Trimbos Institute for Mental Health and Addiction, which concluded that, although the number of cannabis users seeking treatment is rising, the overall number is still relatively small.

¶ 16. Hoogervorst did conclude that the physical effects of high-THC cannabis are stronger than those of marijuana with a lower THC content. He told Parliament that this information would be highlighted during upcoming public information campaigns, such as the "Coffeeshop Information" project, which is to be launched this summer, and the mass media cannabis campaign scheduled to begin in November 2006. Hoogervorst emphasized that the RIVM investigation only provides information on acute physical effects and that no conclusions can be drawn about the effects of long-term usage. He noted that the new research division of the scientific bureau ZonMW would be asked to investigate the long-term effects of THC use.

¶ 17. During a meeting with representatives of the Health Ministry and the Trimbos Institute, Emboffs were told that this latter study might be difficult to carry out, both for ethical and cost reasons. They suggested that the study could be considered for a potential joint ZonMW-NIDA investigation, but acknowledged that it would have to take place in the Netherlands for legal reasons. They also anticipated that the RIVM study and Hoogervorst's reaction would be discussed in Parliament on June 7.

Maastricht's Controversial Plan to Relocate Coffeeshops

¶ 18. The Health Minister was not the only one discussing Dutch cannabis policy this week. Justice Minister Donner was asked by his Belgian counterpart on June 1 to halt the city of Maastricht's proposal to move 7 of the 15 coffeeshops in the center of Maastricht to the city outskirts. Maastricht Mayor Leers developed the proposal to reduce nuisances in the city center caused by drug tourists, but Belgian authorities are concerned because Leers's plan would relocate coffeeshops closer to the Belgian border. Following a meeting with Justice Ministers from Belgium and Luxemburg, Donner stated that Maastricht's plans might violate Dutch policy forbidding coffeeshops near schools and border regions, and promised to meet with Leers to discuss his plan.

¶ 19. Following the Benelux Justice Minister meeting, Belgian Justice Minister Dewael reportedly stated that Maastricht should not implement its plan until after Dutch PM Balkenende answers a letter sent to him earlier this week by Belgian PM Verhofstadt. Verhofstadt's letter states that Maastricht's plan violates the Schengen treaty and would cause problems in the Belgian border region. Mayor Leers in turn criticized Belgium for allowing possession, but not the sale, of cannabis in Belgium.